

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
TRANSCRIPT ORDER FORM

111 First Street
Bay City, MI 48708

211 W. Fort Street
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Detroit, MI 48226

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Order Party: Name, Address and Telephone Number

Name Judy B. Calton

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City, State, Zip Detroit, MI 48226

Phone 313-465-7344

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Case/Debtor Name: City of Detroit, Michigan

Case Number: 13-53846-swr

Chapter: 9

Hearing Judge: Hon. Steven Rhodes

☒ Bankruptcy ☐ Adversary

☐ Appeal Appeal No: _____

Hearing Information (A separate form must be completed for each hearing date requested.)

Date of Hearing: 06/26/2014 **Time of Hearing:** 9:00 am **Title of Hearing:** Status Conference, motions

Please specify portion of hearing requested: ☐ Original/Unredacted ☐ Redacted ☐ Copy (2nd Party)

☐ Entire Hearing ☒ Ruling/Opinion of Judge ☐ Testimony of Witness ☐ Other

Special Instructions: (afternoon session when rulings were issued)

Type of Request:

- ☐ Ordinary Transcript - \$3.65 per page (30 calendar days)
☐ 14-Day Transcript - \$4.25 per page (14 calendar days)
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Signature of Ordering Party:

/s/ Judy B. Calton Date: 06/26/2014

By signing, I certify that I will pay all charges upon completion of the transcript request.

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Transcript To Be Prepared By

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